

T MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010226

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 21 1962

Primary Registration District No. 3013 Registrar's No. 42

VS 300
Rev. 4/596004
26004

3

4 1

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9 174X

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12 6-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN North Kansas City

Length of stay in 1b

2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION memorial hospital
North Kansas CityInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

CLAY

c. CITY
OR TOWN

KANSAS City

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4902 N. Davidson Rd.

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARY

MYRTLE

DURFEY

4. DATE
OF DEATH

Month

Day

Year

Mar. 10 1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

11/4/92

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

PRATT, KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY CHARINO

13b. MOTHER'S MAIDEN NAME

IDA BISHOP

14. NAME OF HUSBAND ~~OR WIFE~~ (Divorced)

JAMES W. DURFEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

6 Mrs. Viola Brown, 4902 N. Davidson Rd

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, Hypostatic, Bilateral

INTERVAL BETWEEN
ONSET AND DEATH

48 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Abdominal Surgery to relieve Small Bowel Obstruction

2 days

DUE TO (c)

Carcinoma Uterus

one year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1 1962, to March 10 1962 and last saw her alive on 3-10-62

Death occurred at 9:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald E. Swartz M.D.

22b. ADDRESS

8400 N. Oak Trwy
Kansas City 55 Mo

22c. DATE SIGNED

3-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

3/12/1962

23c. NAME OF CEMETERY OR CREMATORY

WHITE CHAPEL

23d. LOCATION (City, town, or county)

GLADSTONE (Clay CO) MO.

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar

25. DATE RECD. BY LOCAL REG.

3/12/62

26. REGISTRAR'S SIGNATURE

Alice L. Humphries

3325 Vivion Rd K.C. 19 Mo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 6 1962

MAR 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. 4572

P. O. Address H-C 97 No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.